

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	DEF.	NO.	DEF.	NO.	DEF.		NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1						61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
10							70						
11	1						71						
12							72						
13							73						
14							74						
15							75						
16							76						
17							77						
18							78						
19							79						
20							80						
21							81						
22							82						
23							83						
24							84						
25							85						
26							86						
27							87						
28							88						
29	1						89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL NO.	3						TOTAL NO.						
TOTAL DEF.	25						TOTAL DEF.						
TOTAL	38						TOTAL						